

Provider Communication

Subject: Pharmacy Banner Announcing NTI-DAW1 Changes/Clarinex Syrup and Clarinex-D PDL Status Change	Priority: High
Date: August 11, 2005	Message ID: ACSBNR08112005_1

Dear Provider:

Spacer Coverage - Limited Number of Covered NDCs with GMAC's Effective August 1, 2005

Effective 8/1/05, the following will be additions to the GMAC list.

Please note: the spacers listed below are the only spacers reimbursed for Medicaid/PeachCare members.

SPACER MAC PRICING EFFECTIVE 8/1/05		
Spacer	NDC	MAC PRICE
Ace Aerosol Cloud Enhancer	49502-0203-01	\$ 15.7500
Aerochamber	00456-3154-67	\$ 32.0565
Aerochamber W/Mask	00456-0745-13	\$ 43.2180
Aerochamber W/Mask-Large	00456-0746-13	\$ 43.2180
Aerochamber W/Mask-Small	00456-0744-13	\$ 43.2180
Breatherite MDI Spacer	11391-0302-03	\$ 16.8000
Breatherite MDI Spacer	11391-0301-00	\$ 10.7520
Breatherite MDI Spacer	11391-0302-00	\$ 10.7520
Breatherite MDI Spacer	11391-0302-02	\$ 16.8000
Breatherite MDI Spacer	11391-0302-04	\$ 16.8000
Breatherite MDI Spacer	11391-0302-05	\$ 16.8000
Breatherite MDI Spacer	11391-0302-01	\$ 16.8000
Easivent Holding Chamber	49502-0207-25	\$ 12.6000
Easivent Holding Chamber	49502-0207-01	\$ 13.6500

E-Z Spacer	59196-0009-01	\$ 28.3500
E-Z Spacer & Mask	59196-0029-01	\$ 36.7500
E-Z Spacer Mask, Small	59196-0020-01	\$ 11.0250
Inspirease Drug Delivery System	00085-4602-02	\$ 21.4830
Inspirease Mouthpiece	00085-4604-01	\$ 5.3307
Inspirease Repl Mouthpiece	00085-4604-02	\$ 15.5505
Inspirease Reservoir Bags	00085-4602-70	\$ 2.5848
Inspirease Reservoir Bags	00085-4602-03	\$ 3.8745
Microchamber	47360-0172-02	\$ 11.0250
Microspacer Aerosol Device	47360-0172-01	\$ 4.1475
Optichamber Adv W/Med Mask	08373-0802-10	\$ 25.3680
Optichamber Adv W/Sml Mask	08373-0801-10	\$ 25.3680
Optichamber Advantage	08373-0800-10	\$ 16.9680
Optichamber Advantage	08373-0800-50	\$ 16.9680
Optihaler	08373-0765-10	\$ 10.7835
Optihaler	08373-0765-50	\$ 10.7835
Space Chamber Holding Chmbr	83490-0440-20	\$ 20.9475
Space Chamber Holding Chmbr	44229-0440-20	\$ 20.9475
Zoey Optichamber Advantage	08373-0800-30	\$ 18.6480

State Health Benefit Plan – Non-Preferred Claims Submission

Please know that submission of a state health benefit plan pharmacy claim for a non-preferred medication with a “usual and customary” cost greater than \$100.00 yields a required co-payment of \$100.00.

If the “usual and customary” cost submitted is below \$100.00, the co-pay requirement will be the submitted amount.

Non-Preferred Medication Required Co-payment (Example)

SUBMITTED U&C \$200.00 Co-pay: \$100.00

SUBMITTED U&C \$82.50 Co-pay: \$82.50

Proper Submission of Forteo for Dual- Eligible Females- Billing Tips

- Forteo requires Prior Approval from Express Scripts at 1-877-650-9340
- Submission of a claim for Forteo to ESI will result in a reject at the Point of Sale indicating, “bill to Medicare”.
- Medicare will reimburse for Forteo as a cross-over claim payment on your ACS RA if the drug is being administered in conjunction with an approved Home Health Care visit.
- Medicaid payment of Forteo for self-administration requires the correct completion and submission of a (DMA-415) Pharmacy COB Notification Form.
- The (DMA-415) is available on the GHP web portal at www.ghp.georgia.gov, click onto Providers, then Documents and Forms. This form should be completed, attached to a Universal claim form and submitted to Express Scripts at the following address:
- GME Paper Claims- Express Scripts

Attention: Pharmacy Claims Rte # GME-01

P.O. Box 390863

Bloomington, MN 55439-0863

Medicaid NTI Drug Update: Dilantin and Tegretol Brand Necessary Claims

Effective 8/1/2005, claims for brand Dilantin and brand Tegretol are now reimbursable without prior approval if the prescriber indicates “brand necessary” on the face of the prescription in his/her own handwriting. These claims should be submitted with “daw 1” code.

Preferred Drug List Update- Non-Sedating Antihistamines

Clarinex Syrup and Clarinex D Status Change

Effective 08/01/05 clarinex syrup and clarinex- d became preferred for Medicaid/Peachcare for kids members

Please share this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. Please contact the Medicaid pharmacy unit at 404-656-4044 should you have questions or require clarification.

Sincerely,

Division of Medical Assistance

Department of Community Health